

**Postage Statement — Destination Entry Bound Printed Matter Flats**  
**Postage Affixed**

Post Office: Note Mail Arrival Time

For flats that do not claim destination entry rates, use Form 3605-BFP. For parcels, use Form 3605-BPP or Form 3605-DPP.

<b>Mailer Information</b>	Permit Holder's Name and Address, and Email Address If Any		Telephone		Name and Address of Mailing Agent (If other than permit holder)		Telephone		Name and Address of Individual or Organization for Which Mailing Is Prepared (If other than permit holder)	
	Dun & Bradstreet No. _____		Dun & Bradstreet No. _____		Dun & Bradstreet No. _____					
<b>Mailing Information</b>	Post Office of Mailing		Processing Category <input type="checkbox"/> Flats (DMM C050) <input type="checkbox"/> Barcoded Flats (DMM C820)		Mailing Date		Statement Seq. No.		Number of Containers	
	Permit No.				Weight of a Single Piece _____ pounds		Total Pieces			
	Packaging Based on <input type="checkbox"/> Piece Count <input type="checkbox"/> Weight <input type="checkbox"/> Both				If Sacked, Based on <input type="checkbox"/> Piece Count <input type="checkbox"/> 20 lbs.			Total Weight		
	For Barcoded Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0) ____/____/____				For Carrier Route Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0) ____/____/____					
<b>Postage Computation (DMM P013)</b>	For DBMC Presorted Barcoded Flats						Total From Part F (On reverse)			
	For DBMC Presorted Nonbarcoded Flats						Total From Part G (On reverse)			
	For DBMC Carrier Route Flats						Total From Part H (On reverse)			
	For DSCF Presorted Barcoded Flats						Total From Part I (On reverse)			
	For DSCF Presorted Nonbarcoded Flats						Total From Part J (On reverse)			
	For DSCF Carrier Route Flats						Total From Part K (On reverse)			
	For DDU Presorted Flats						Total From Part L (On reverse)			
	For DDU Carrier Route Flats						Total From Part M (On reverse)			
	For Special Services and Other Fees						Total From Attached Form 3540-S			
	<b>Total Postage (Add lines above) →</b>									
<b>Certification</b>	<p>The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control.</p> <p>The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the rates and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation.</p> <p>I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.</p>									
	Signature of Mailer or Agent				Name of Mailer or Agent				Telephone	
<b>USPS Use Only</b>	Weight of a Single Piece _____ pounds				Are figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Total Pieces		Total Weight		If "Yes," Reason					
	Total Postage				<div style="border: 1px solid black; padding: 5px; width: fit-content; float: right;">Round Stamp (Required)</div>					
	Check One <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled									
	I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rates claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of annual fee (if required).									
Date Mailed Notified				Contact		By (Initials)				
Verifying Employee's Signature				Verifying Employee's Name		Time AM PM				

# Destination Entry Bound Printed Matter Flats — Postage Affixed

As described in DMM P013.9.0, compute and enter the rate for each piece in the "Rate" column. If eligible, include the \$.030 barcoded discount in rates.

	Rate	Number of Pieces	Total		Rate	Number of Pieces	Total
<b>F</b>	<b>DBMC Presorted — Barcoded Flats</b>			<b>I</b>	<b>DSCF Presorted — Barcoded Flats</b>		
F1.	Zone 1 & 2	_____ x _____ pcs.	= \$ _____	I1.	DSCF	_____ x _____ pcs.	= \$ _____
F2.	Zone 3	_____ x _____ pcs.	= \$ _____				
F3.	Zone 4	_____ x _____ pcs.	= \$ _____				
F4.	Zone 5	_____ x _____ pcs.	= \$ _____				
Total — Part F (Carry to front of form)				Total — Part I (Carry to front of form)			
\$ _____				\$ _____			
<b>G</b>	<b>DBMC Presorted — Nonbarcoded Flats</b>			<b>J</b>	<b>DSCF Presorted — Nonbarcoded Flats</b>		
G1.	Zone 1 & 2	_____ x _____ pcs.	= \$ _____	J1.	DSCF	_____ x _____ pcs.	= \$ _____
G2.	Zone 3	_____ x _____ pcs.	= \$ _____				
G3.	Zone 4	_____ x _____ pcs.	= \$ _____				
G4.	Zone 5	_____ x _____ pcs.	= \$ _____				
Total — Part G (Carry to front of form)				Total — Part J (Carry to front of form)			
\$ _____				\$ _____			
<b>H</b>	<b>DBMC Carrier Route — Flats</b>			<b>K</b>	<b>DSCF Carrier Route — Flats</b>		
H1.	Zone 1 & 2	_____ x _____ pcs.	= \$ _____	K1.	DSCF	_____ x _____ pcs.	= \$ _____
H2.	Zone 3	_____ x _____ pcs.	= \$ _____				
H3.	Zone 4	_____ x _____ pcs.	= \$ _____				
H4.	Zone 5	_____ x _____ pcs.	= \$ _____				
Total — Part H (Carry to front of form)				Total — Part K (Carry to front of form)			
\$ _____				\$ _____			
<b>L</b>	<b>DDU Presorted — Flats</b>			<b>M</b>	<b>DDU Carrier Route — Flats</b>		
L1.	DDU	_____ x _____ pcs.	= \$ _____	M1.	DDU	_____ x _____ pcs.	= \$ _____
Total — Part L (Carry to front of form)				Total — Part M (Carry to front of form)			
\$ _____				\$ _____			